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Division of Corporations

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: (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone

: (305)603-8791 Fax Number : (877)503-6086

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

<b>Email</b>	Address:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION DA & JS CORP

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMI				
The name of the corpora	ation shall be: DA & JS CORP			
ARTICLE II PRIN	CIPAL OFFICE Principal street address R APT 1707	Mailing address, if different is:		
MIAMI, FL 33138	1107			
		<del></del>		
<del>-</del>				
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:			
ANY AND ALL LAV				
	7.	<del></del>		
<u>-</u>			<u> </u>	
-				
			21 JUN 2 SECRETARI ALLAHAS	
<u> ARTICLE IV SHAR</u>	<u>ES</u>			
The number of shares of	stock is: 1000		0 N F	
			121 A \$597.0	
<u> ARTICLE V INITI</u>	AL OFFICERS AND/OR DIRECTORS			
Name and Title	DIEGO R AMESTICA CHACANA-P	Name and Tiel	NANCI PEREZ GUERRERO-SECTA	
. and and This		Name and Title:	P	
Address	KENEDDY LATERAL 8076	Address:	4000 TOWERSIDE TER APT 1707-	
	VITACURA, SANTIAGO		MIAMI, FL 33138	
	CHILE, CP 7630000			
	IODGE A SALATAD ANDRESS IN			
Name and Title:	JORGE A SALAZAR ANDRADE-VP	Name and Title:		
Address	RUA JOSE PENNA MEDINA 150	Address:		
	APT 303,PRAIA DA COSTA VILA VELHA			
	ESPIRITU SANTO, BRAZIL CP 29101320			
	-	•	····	
Name and Title:		Name and Title:		
Address		Address:		
		-	<del></del>	
		-		

Name and Title:		Name and Title:			
Address		Address:			
			<del></del>		
	REGISTERED AGENT				
Name:	orida street address (P.O. Box NOT acceptab VIVIANA P ALARCON	ic) of the registered agent is:			
Address:	4000 TOWERSIDE TER APT 1707	- <del></del>			
, , , , , , , , , , , , , , , , , , , ,	MIAMI, FL 33138				
ARTICLE VII	<u>INCORPORATOR</u>	21 JUN 21 SECRETAR ALL AHASS	-		
The name and ac	ddress of the Incorporator is:	~ ; • C	1 T		
Name:	VIVIANA P ALARCON				
Address:	4000 TOWERSIDE TER APT 1707	——————————————————————————————————————	14		
	MIAMI, FL 33138	:''' ₹ <del></del>			
ARTICLE VIII	EFFECTIVE DATE:				
Effective date, if	other than the date of filing:	(OPTIONAL) annot be more than five days prior or 90 days after the			
	inserted in this block does not meet the appli ffective date on the Department of State's rec	cable statutory filing requirements, this date will not be list ords.	ed as		
Having been nan certificate, I am f	ned as registered agent to accept service of prod amiliar with and accept the appointment as re	ess for the above stated corporation at the place designated sistered agent and agree to act in this capacity	in this		
Χ	May .	X	O.		
	Required Signature/Registered Agent		<del>~</del> /_		
	ument and affirm that the facts stated hereir Department of State constitutes a third degree	are true. I am aware that the false information submitte felony as provided for in s.817,155, F.S.	rd in a		
Χ	Me	× 06/18/2	p		
Required Signati	re/Incorporator	Date Date	<del></del>		

From: Robert Fanjul Fax: 18775036086 To Fax: (850) 617-6381 Page 3 of 3 06/21/2021 9:00 AM